UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/2002/4 (Part III)
22 May 2002

ORIGINAL: ENGLISH

Annual session 2002
17 to 28 June 2002, Geneva
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: REPORTS REQUESTED BY THE EXECUTIVE BOARD*

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

02-39626 (E) 280502

Introduction

1. This section of the Annual Report focuses on subjects specifically requested by the Executive Board: reproductive health commodity security; and humanitarian assistance.

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. During 2001, UNFPA continued to consolidate and expand its work in the area of reproductive health commodity security (RHCS). For more than a decade, the Fund has provided leadership in commodity work through its Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries. In 2001, that project was fully institutionalized within the organization and UNFPA embarked on a strategic approach to assure reproductive health commodity security in all developing countries. Building consensus among major development partners, and consistent with its mandate derived from the Programme of Action of the International Conference on Population and Development (ICPD) and the key actions of ICPD+5, UNFPA strengthened its role in RHCS in 2001 at both the global and national levels.

3. In April 2001, UNFPA launched a global effort with the publication of a report entitled *Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action.* The report was produced in close cooperation with several development partners. It outlines the broad dimensions of the challenges facing developing countries in the area of RHCS and offers guidance on how programme countries, donors, the World Bank, United Nations organizations, non-governmental organizations (NGOs), foundations and the private sector can work together to achieve the ICPD goal of "universal access to reproductive health care". By identifying commodity shortfalls in developing countries and sharing that information with development partners, UNFPA has helped to move the issue of commodity security to a higher place on the international development agenda. During 2001, UNFPA worked closely with 81 countries experiencing commodity shortfalls and programmed $76 million in other resources received from the Dutch, British and Canadian Governments for RHCS. At the national level, UNFPA is sharpening the focus on RHCS by orienting all its country offices, and the concerned national counterparts, on strategic approaches to commodity security.

Integrating RHCS into the country programmes

4. In response to the growing demand for reproductive health commodities, and given the large gap between donor support and country requirements, UNFPA has underscored the need for prioritizing reproductive health supplies in UNFPA-supported country programmes. The Fund is focusing specific attention on assisting governments in capacity-building to ensure the

provision of contraceptives, male and female condoms for the prevention of sexually transmitted infections (STIs), including HIV/AIDS, and other essential reproductive health commodities. Each country programme will address the issue of RHCS, including such aspects as assessing requirements, financing, procurement, supply management, and national coordination arrangements among development partners to effectively and efficiently meet both short- and long-term reproductive health commodity needs. As RHCS has to be linked to demand creation, behaviour change communication and strengthening of service delivery systems, these areas are being addressed in UNFPA-supported country programmes.

5. UNFPA is conducting workshops on RHCS to provide UNFPA Representatives and government officials with guidance on programmatic, technical and substantive issues to assist them in developing and implementing national action plans in the area of RHCS. Issues of RHCS in the context of health sector reform and sector-wide approaches (SWAps) are addressed in the workshops. UNFPA is also emphasizing the importance of establishing and/or strengthening a national planning and coordination mechanism for effective partnerships in RHCS with key stakeholders in developing countries. National RHCS working groups are being set up to liaise with an international network for information sharing and coordinated action.

6. During 2001 support from the Country Technical Services Teams (CSTs) and headquarters was made available in a number of countries, including Burundi, Cambodia, Laos, Nigeria, Sudan and Turkmenistan, to conduct situation analyses and in-depth assessments of reproductive health commodity requirements and logistics needs. A number of countries, including Cambodia, Laos and Indonesia, have already advanced in creating a working group on RHCS with the help of the respective UNFPA country office.

Global strategy and resource mobilization

7. UNFPA efforts to design and develop a global strategy on RHCS, in close consultation with donors and developments partners, have contributed to more effective advocacy and resource mobilization. UNFPA was successful in advocating for additional funds to meet the widening gap in reproductive health commodities in developing countries. The Governments of the Netherlands, the United Kingdom and Canada provided an extrabudgetary contribution of approximately $93 million to help meet the shortfalls in 2001 and 2002. In 2001, UNFPA programmed $76 million to meet requests for reproductive health commodities to prevent stockouts. In the disbursement of these resources, on average, the least developed countries received the most support. Similarly, countries with high HIV prevalence received approximately three times as many condoms per capita as those countries with HIV prevalence below 2 per cent. The Fund's comparative advantage in procuring contraceptives at discount prices due to competitive bidding and volume procurement helped recipient countries obtain larger quantities than would otherwise have been possible. In addition to the provision of reproductive health commodities, the funding enabled UNFPA to organize logistics management

missions to Cambodia, Nigeria and Sudan. The purpose of these missions was to assist those countries in strengthening their approaches to RHCS and to help improve their distribution systems. At global and regional levels, UNFPA plans to provide technical support through CST specialists. Working together with major donors and technical agencies in the area of global donor coordination, UNFPA will provide technical guidelines and assistance for estimating reproductive health commodity needs and gap analysis for advocacy and resource mobilization purposes.

Estimating reproductive health commodity supply needs

8. National requirements. To avert the commodity shortfalls in developing countries, UNFPA efforts are focused on establishing a framework within which donor support will be both adequate and predictable. Towards that end, the Fund is conducting a survey to gather country-specific information pertaining to the reproductive health supply situation in developing countries. The purpose of the survey is to ascertain if shortfalls are anticipated and to assist the UNFPA country offices in facilitating solutions in support of national programmes. In order to project demand, determine available supplies and identify potential shortfalls, the survey will gather information pertaining to: the current stock situation; orders in the pipeline; contraceptive prevalence rate and method mix; requests for contraceptives from extrabudgetary funds; information on donor coordination; and institutional information for national capacity-building. The information will be utilized to help UNFPA and other donors to effectively coordinate efforts for the provision of reproductive health commodities in 2002 and beyond.

9. Global requirements. UNFPA has prepared global estimates of contraceptive requirements and condoms needed for STI/HIV-prevention programmes. These estimates do not include commodities for other components of reproductive health, such as maternal care and STI diagnosis and treatment. Estimating and projecting the contraceptive requirements for family planning and the condom requirements for preventing STI/HIV infections require different assumptions and methodologies. While contraceptive requirements for family planning can be estimated by using the information from surveys or supply data, estimating condom needs for STI/HIV prevention requires country-specific information about condom use and sexual behaviour outside marriage. The Fund estimates that if donors continue to supply 41 per cent of the total requirements for family planning commodities and condoms for STI/HIV prevention (as was the case between 1992 and 1996) then a minimum of $390 million in donor support would be required in 2002.

Global advocacy and partnership

10. The UNFPA leadership role in advancing RHCS was affirmed at a conference held in Istanbul, Turkey, from 3-5 May 2001. Entitled "Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention", the conference attracted

more than 150 individuals from developing countries, donor agencies, technical agencies and NGOs. The conference was sponsored by the Interim Working Group, a consortium of four organizations based in the United States of America. UNFPA representation was a key to promoting greater awareness and political commitment to RHCS at several other meetings and conferences during 2001, including the meeting organized by the Partners in Population and Development in Cochin, India; the United Nations General Assembly Special Session on HIV/AIDS; the UNAIDS/WHO meeting; the Population Council Horizons Project meeting; and the International Cooperation Days meeting held in Ottawa, Canada. Working in close partnership with other technical agencies and donors such as the United States Agency for International Development (USAID), John Snow, Inc. (JSI), Management Sciences for Health (MSH), and the Program for Appropriate Technology in Health (PATH), UNFPA is developing a strategic assessment framework for RHCS. The framework will enable participating governments, donors and technical agencies to design, implement and follow-up a comprehensive RHCS strategy.

Reproductive health commodity list

11. The regular availability of quality reproductive health commodities is fundamental to enable people to make informed choices about their reproductive health. UNFPA has prepared a list of reproductive health commodities; the list is being reviewed by WHO and will be published as a joint report. This list of essential reproductive health commodities focuses on items that are necessary at the primary health-care level. However, for certain components of reproductive health care, most notably maternal care, it is crucial that services are accessible at the first referral level and that the necessary commodities for this level have also been included in the list.

RHCS orientation for field staff

12. In terms of national capacity-building, UNFPA is engaged in a rollout of the RHCS strategy. This effort gathered momentum during the November 2001 workshop in Mombasa, Kenya, where some 60 nationals, UNFPA and other agency participants representing 17 developing countries helped develop draft action plans to facilitate integration of RHCS in country programmes as a means to strengthen national capacity. The Mombasa workshop was the first of a series of workshops planned to take the RHCS issue forward in 2002. Other workshops planned for 2002 will be held in Abidjan, Côte d'Ivoire, 10-13 June, for francophone African countries; and in Beijing, China, 21-25 October, for the Asia and the Pacific region countries.

Donor database

13. UNFPA manages a unique database on donor support for contraceptives and logistics. The Fund annually publishes a report based on information drawn from the database. The

database allows regular monitoring of supply levels worldwide and facilitates planning to avoid commodity shortfalls. For example, data analyses in 2000 revealed major shortfalls that prompted the Governments of the United Kingdom, the Netherlands and Canada to provide additional funding to avert disruptions in the supply of commodities. The database is being expanded to address real-time demand issues and to include other reproductive health commodities.

UNFPA advocacy

14. During the past two years several UNFPA publications have been utilized for advocacy and awareness-raising on RHCS. These include: *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention 2000-2015*; *Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action*; and *Reproductive Health Commodity Security: Partnerships for Change, The UNFPA Strategy*. A publication entitled *The Role of the Logistics Manager in Contraceptive Procurement: A Checklist of Essential Action* provides guidelines for supply managers in developing countries.

15. UNFPA efforts during 2001 contributed to raising awareness and institutionalizing RHCS both within UNFPA and among other agencies. The RHCS strategy will undoubtedly assist in focusing the attention of programme countries and donors on the importance of advance planning, timely interventions, increased funding, national capacity-building, and political commitment for making quality reproductive health commodities accessible and available to women and men in all developing countries.

II. HUMANITARIAN ASSISTANCE

16. Addressing the reproductive health needs of affected and vulnerable groups in emergency situations, natural disasters and conflicts is the crux of the humanitarian assistance provided by UNFPA. In recent years, the Fund has expanded and enhanced its work in the area of humanitarian assistance and emergency response. Working in close partnership with a number of United Nations agencies and other development partners, UNFPA has become an important player in the provision of much-needed reproductive health services. The Fund's key partners include UNHCR, WHO, UNAIDS, the International Planned Parenthood Federation (IPPF), the International Organization for Migration (IOM), and the International Federation of Red Cross and Red Crescent Societies (IFRC). Currently, UNFPA is providing leadership to the Inter-Agency Working Group on Reproductive Health for Refugees (IAWG) and participates actively in several other working groups at the global level. Since 2000, UNFPA has been a full member of the Inter-Agency Standing Committee for Humanitarian Affairs (IASC).

17. UNFPA humanitarian assistance work is coordinated by the Humanitarian Response Group in the Fund's Technical Support Division. During 2001, the Fund's humanitarian assistance work focused on: (a) reproductive health support; (b) training and capacity-building; (c) advocacy; (d) data collection, analysis and information synthesis; (e) inter-agency coordination and programme planning; (f) tools development; and (g) project development. Highlights of these activities are presented below. The report concludes with a section focusing on resources.

Reproductive health support

18. UNFPA has provided reproductive health and safe motherhood supplies to ensure that displaced populations have access to clean, safe deliveries, prenatal and post-partum care, as well as HIV prevention and family planning options. Despite the challenges of combining immediate relief and long-term approaches, UNFPA has been successful in providing immediate support and strengthening local capacity for the long term.

19. Within this framework, UNFPA has provided referral-level equipment to health centres and supported the hiring and training of local staff. The Fund purchased and distributed emergency reproductive health kits developed by the IAWG. The kits are being stocked and managed by UNFPA. In 2001, equipment, supplies and operational support were provided to Afghanistan, Angola, Bangladesh, the Russian Federation (northern Caucasus), Comoros, Central African Republic, the Congo, the Democratic Republic of the Congo, East Timor, Eritrea, Ethiopia, Guinea, El Salvador, India, Indonesia, the Islamic Republic of Iran, Yugoslavia (Kosovo), Liberia, Madagascar, Mongolia, Mozambique, the Occupied Palestinian Territory, the Philippines, Rwanda, Sierra Leone, Somalia, Sudan, Tajikistan, Uganda, the United Republic of Tanzania and Yemen.

20. Needs assessment. With UNFPA support, assessments of reproductive health conditions and needs in crisis situations were implemented in a number of countries; some of the assessments were undertaken in collaboration with Marie Stopes International (MSI), John Snow, Inc. (JSI), the International Rescue Committee (IRC), UNAIDS and other United Nations partners. The needs assessments were carried out in Angola, Central African Republic, the Democratic Republic of the Congo, Ethiopia, Eritrea, El Salvador, Guatemala, India, the Islamic Republic of Iran, Kenya, Mongolia, the Russian Federation (northern Caucasus), Sudan, Sierra Leone, Tajikistan, Yemen, Yugoslavia and Uzbekistan.

Training and capacity-building

21. UNFPA has been strengthening its own emergency response capacity significantly by developing systems to ensure that reproductive health needs are fully integrated into humanitarian interventions. The Fund has also provided orientation and training to humanitarian

workers for preparing assessments and participating in the United Nations Consolidated Appeal Process (CAP).

22. In 2001, UNFPA continued to organize international training courses for reproductive health coordinators in emergency situations with a workshop in Mauritania and an evaluation meeting in Tunisia. Since 2000, more than 90 participants from local and international non-governmental organizations (NGOs) and United Nations staff based in approximately 30 countries have been trained.

23. With UNFPA support, reproductive health components were incorporated in other health training courses. For example, MSI provided technical inputs and materials on reproductive health for Medical Emergency Relief International (MERLIN) and International Health Exchange courses on health in emergencies; and JSI provided lectures on reproductive health in its courses on emergencies.

Advocacy

24. UNFPA has supported advocacy to raise the awareness of donors and development agencies on reproductive health needs during humanitarian crises. UNFPA has developed a public service announcement on women's reproductive health and basic health needs in natural disasters which was aired following the earthquake in India in January 2001. The announcement was later aired on CNN International, the BBC and other television stations around the world. In late 2001, UNFPA was able to draw considerable press attention to the plight of the people of Afghanistan, including the reproductive health needs of Afghan refugees in the region.

25. During 2001, UNFPA upgraded and enhanced its web page on emergency response with new information on reproductive health support in emergencies. Links have also been provided to the web sites of several partner agencies. A booklet on reproductive health needs in crisis situations was produced by UNFPA and was well received by donors, other agencies and the press.

26. UNFPA has formed a close partnership with the Office for the Coordination of Humanitarian Affairs (OCHA) and The Women's Commission for Refugee Women and Children and co-hosted the launch of the 2002 CAP in November 2001, bringing special attention to the needs of adolescent refugees and internally displaced persons (IDPs).

27. During the reporting period, analysis from a survey conducted in 2000 on the situation of Angolan women, men and youth, who had been displaced or otherwise affected by war, was presented at a meeting of the International Union for the Scientific Study of Population held in Brazil. An illustrated bilingual (Portuguese and English) version of the report has been produced and will be distributed internationally to other development partners, public libraries, the

academic community, foundations and donors. This will be one of the first published studies of reproductive health and domestic violence among displaced populations. Another comprehensive survey was conducted among the drought-displaced population in Kenya. The report of this study is being finalized. A short video on HIV prevention and demobilization in Ethiopia was produced to raise awareness about such programmes. The Department of Peace-keeping Operations (DPKO) is using the footage taken in Ethiopia for advocacy on the need for HIV prevention in post-conflict situations.

Data collection, analysis and information synthesis

28. Through its leadership in the IAWG, UNFPA has helped to strengthen the knowledge base on reproductive health in crisis situations and has enhanced programming and contingency planning in this key area of humanitarian assistance.

29. UNFPA provided support for the International Centre for Migration and Health, a Geneva-based NGO, to prepare a comprehensive assessment of reproductive health issues in the context of forced migration. The assessment included: analysis of current knowledge on populations affected by forced migration, health issues and conditions, and the reproductive health implications of such migration; identification of specific data available on reproductive health issues, including HIV and other sexually transmitted infections (STIs), pregnancy outcomes, and gender-based violence; and identification of steps being taken by national governments, international agencies, NGOs and others to respond to the problem. With assistance from UNFPA, CARE is currently working with Emory University to conduct a review of written materials that document emergency partnerships and strategies adopted during emergencies.

30. UNFPA provided technical inputs to IRC to review and establish data collection systems in refugee camps in the United Republic of Tanzania, Rwanda and Uganda to facilitate comparative studies. With Belgian funding, a project being implemented in Burundi, Colombia and the Democratic Republic of the Congo will document the behaviour of and risks faced by IDPs, particularly adolescents, and their access to reproductive health services and information. This documentation together with analyses drawn from service statistics, surveys, censuses and other sources will be utilized by UNFPA to further refine guidelines for interventions in emergency situations focusing on young refugees and IDPs.

31. During 2001, in addition to carrying out a comprehensive study of the reproductive health implications of drought-displaced pastoral populations in Kenya, UNFPA provided support to MSI to conduct a feasibility study on marketing female condoms in Angola; a health awareness survey among Somali refugees in Yemen; and qualitative research on the reproductive health needs of young adults in Sierra Leone.

Inter-agency coordination and programme planning

32. Since 2000, UNFPA has been a member of the Inter-Agency Standing Committee on Humanitarian Affairs and has systematically taken part in the CAP. In 2001, UNFPA was particularly successful in raising funds and obtaining pledges for Afghanistan, Angola, the Democratic Republic of the Congo, and Eritrea. UNFPA continued to work closely with OCHA and IASC during 2001 through various working groups, including the one on HIV and emergencies. The Fund continued its cooperation with UNHCR in the areas of joint programme implementation and development of training tools. UNFPA also collaborated with UNIFEM on the expert assessment on women and conflict, with DPKO on assessment and training on HIV prevention in conflict situations, and with WHO on emergency response initiatives. During 2001, UNFPA participated actively in the United Nations Development Group (UNDG) emergency-related initiatives. This included participating in the preparation of the UNDG Plan of Action for peace-building that has been endorsed by the Joint Executive Committee of UNDG, the Executive Committee on Humanitarian Affairs (ECHA) and the Executive Committee on Peace and Security (ECPS). UNFPA also contributed to the preparation of UNDG guidance notes on mainstreaming conflict prevention into the United Nations Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) processes.

33. United Nations agencies, international NGOs, and government officials and NGOS from Central Asia and Europe participated in the regional Consultative Meeting on Women and Conflict organized by UNFPA in November 2001 in Bratislava, Slovakia. This meeting focused on practical consideration for gender-sensitive programming in emergency settings. Following a meeting between the Executive Director of UNFPA and the Secretary General of IFRC in 2001, the Fund revised the memorandum of understanding between the two agencies, placing greater emphasis on close cooperation and collaboration during emergencies and highlighting the importance of training programmes on reproductive health service provision and HIV/AIDS issues.

34. Other examples of cooperation include work with JSI and the American Refugee Committee (ARC) to provide logistics assessments, training and management for the ARC HIV-prevention programme in southern Sudan; partnerships with UNIFEM in implementing programmes in Liberia and Sierra Leone; collaboration between MSI and UNFPA in programming for Somali refugees in Yemen; partnership with CARE and ARBEF (the IPPF affiliate in Rwanda) to expand family planning services to families displaced by war; and collaborative work with the Liberian Red Cross.

Tools development

35. In 2001, UNFPA coordinated the review of the minimum initial service package (MISP) by the IAWG members; the review of the emergency reproductive health kits; and the reproductive health kit booklet revisions and translations. UNFPA also supported the translation (into French, Portuguese, Russian and Spanish) and printing of *Reproductive Health in Refugee Situations: an Inter-agency Field Manual*. MSI is currently preparing a monograph on best practices, based on programme experience in the field. With UNFPA input, CARE has developed a set of guidelines for partnering in emergencies. The guidelines serve as an assessment tool for strategic planning, human resource management, and financial administration for agencies working in the field.

Project development

36. In addition to the above-mentioned activities, UNFPA supported the development of: (a) an emergency programme of reproductive health support for Afghanistan and neighbouring countries; (b) two projects in the Democratic Republic of the Congo focusing on reproductive health services and education for youth, and emergency obstetric care; (c) a female condom initiative and a youth reproductive health services and HIV-prevention programme in Sierra Leone; (d) an HIV-prevention project for displaced youth in Liberia; and (e) a training programme in gender and HIV for peacekeeping medical staff.

Resource availability

37. In 2000, the Executive Board approved a rapid response fund, allowing UNFPA to programme up to $1 million per year from regular resources through a revolving fund. The rapid response fund has the flexibility to utilize funds when donor support for a UNFPA component of the CAP has been committed but not yet received by UNFPA. Since the establishment of the rapid response fund, the Governments of Australia, Austria, Belgium, Canada, the Czech Republic, Germany, Italy, Luxembourg, the Netherlands, Norway, the United Kingdom and the United States of America have provided assistance for a number of projects. In addition, support has been provided by the United Nations Foundation, the David and Lucile Packard Foundation, Chevron and the U.S. Committee for UNFPA.

38. In response to the Afghanistan crisis, UNFPA mobilized over $10 million. In 2001, through direct donor contributions or through use of other emergency resources, UNFPA was able to support CAP project activities in Afghanistan, Angola, Burundi, the Democratic Republic of the Congo, the Democratic People's Republic of Korea, Eritrea, Indonesia (for the Maluku crisis), the Russian Federation (northern Caucasus), Sierra Leone, Somalia, Southeastern Europe, Tajikistan, Uganda and West Africa. Major support was provided by the Netherlands,

Luxembourg, Belgium and Italy. The funds were utilized to save lives, including through the provision of emergency obstetric care and reproductive health services for refugees and IDPs.

39. UNFPA has also prepared projects for the 2002 CAP in the following countries: Afghanistan, Angola, Burundi, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea, Indonesia, Liberia, Sierra Leone, Somalia, Sudan and Tajikistan.

Lessons learned

40. A key lesson learned is that direct reproductive health commodities support, for example, the provision of reproductive health emergency kits, to countries facing emergency situations not only saves lives but also contributes to the well being of mothers and newborn children; helps prevent STIs, including HIV/AIDS; and relieves the health authorities of recipient governments of the burden of having to allocate additional resources from their already overstretched budgets. UNFPA provision of reproductive health supplies is greatly valued by both donors and recipient governments and by other development partners who rely on UNFPA supplies for service provision, improving the quality of reproductive health services and ensuring their availability to underserved population groups.

41. UNFPA has been successful in expanding its emergency response operations. Its achievements in assessing reproductive health needs, technical assistance in restoring basic and reproductive health services, provision of emergency supplies, safe delivery training, capacity-building, research activities and advocacy efforts have gone a long way in helping development partners and the general public to understand the critical importance of reproductive health issues during emergencies and in post-disaster situations. These achievements have also contributed to the overall UNFPA goal of institutionalizing and operationalizing reproductive health in emergency situations.

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